

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT


UST Corrective Action Certification

Date Form Completed	/ /		
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
UST Facility Location (Coordinates)	Latitude:	Longitude:	
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -		Alternate Phone: () -
	Email:		
3. Property Owner Information			
Property Owner Name			
Property Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
Property Owner Contact Information	Phone: () -		Alternate Phone: () -
	Email:		
4. Report Type			
<input type="checkbox"/> Feasibility Study <input type="checkbox"/> Pilot Study <input type="checkbox"/> Risk Assessment			
<input type="checkbox"/> Corrective Action Plan (CAP) <input type="checkbox"/> Other (specify): _____			
5. Report Certification			
<input type="checkbox"/> Check here if the person completing the form is the same as the P.E. or P.G. named below.			
Name of Person Completing Form			
Email		Phone Number	() -
Under the requirements of KRS Chapter 322 and 322A, this checklist and attached report shall be completed and signed by a P.E. licensed with the Kentucky Board of Licensure for Professional Engineers and Land Surveyors or a P.G. registered with the Kentucky Board of Registration for Professional Geologists.			

AI _____

Report Certification *(continued from Section 5)*

I, the undersigned, under penalty of law, and in accordance with the provisions of KRS Chapter 322 or KRS Chapter 322A, as appropriate, hereby certify the submitted information, including all attached documents, is true, accurate and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

Printed		Title	
Signature		Date	/ /
<input type="checkbox"/> Professional Engineer	 SEAL	<input type="checkbox"/> Professional Geologist	
License Number		Registration Number	
License Date		Registration Date	

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.